

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS286AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/04/2011
NAME OF PROVIDER OR SUPPLIER FREMONT ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 100 S 14TH STREET LAS VEGAS, NV 89101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an complaint investigation conducted in your facility 10/21/10 through 2/4/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 88 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 71. Complaint #NV00026758 was substantiated. See Tag Y0878.	Y 000			
Y 878 SS=G	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 878	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review and interviews from 10/21/10 through 2/4/11, the facility failed to ensure 1 of 71 residents received medication as prescribed (Resident #1). Findings Include: Resident #1 is a 55 year old male who was admitted to the facility in January of 2010 with a history of diabetes and a stroke last year. The resident called his mother on 10/19/10 and complained he had not received his blood pressure medication in several days and felt dizzy. The resident's mother visited the resident at the facility on 10/19/10, and called the paramedics because she was worried her son's blood pressure was elevated. The resident was transferred to a local hospital at 9:00 PM on 10/19/10. Hospital medical records noted the resident's blood pressure was elevated (241/136) upon admission to the emergency room. The resident was given blood pressure medication and at 2:00 AM, was transferred back to the facility. Review of Resident #1's medication administration record (MAR) revealed the resident was prescribed: - Carvedilol (blood pressure medication) 25 milligrams (mg): 1 tablet by mouth two times a day - Amlodipine (blood pressure medication) 10 mg: 1 tablet by mouth every day - Asprin 81 mg: 1 tablet by mouth every day. The October 2010 MAR for Resident #1 documented the facility was waiting on refills and the resident did not receive his medications on 10/2/10, 10/3/10, 10/4/10. The resident's MARs indicated the resident did not receive his medications on 10/9/10, 10/10/10 and 10/11/10</p>	Y 878			

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Y 878	<p>Continued From page 2</p> <p>because the facility was waiting for refills. Resident #1's mother reported her son's county medical card had expired which prevented the pharmacy from obtaining and filling the resident's prescriptions. Resident #1 suffered harm as a result of the missing several doses of blood pressure medication.</p> <p>This was a repeat deficiency from the 6/2/09 and 6/30/09 State licensure surveys.</p> <p>Severity: 3 Scope: 1</p>	Y 878			

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